

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Filed:

Serial No.:

Title:

Examiner:

Group Art Unit:



L. Lloyd WILLIAMS et al.

March 26, 2001

09/817,878

METHOD AND SYSTEM FOR CONTENT

DELIVERY CONTROL USING A

PARALLEL NETWORK

Calvin L. HEWITT II

3621

**Mail Stop Amendment**

Commissioner for Patents

United States Patent and Trademark Office

P.O. Box 1450

Alexandria, VA 22313-1450 U.S.A.

**RECEIVED**

OCT 14 2004

**GROUP 3621**

Dear Sir:

CERTIFICATE OF MAILING

I hereby certify that this paper together with the attached Amendment (13 pages); Claims as Amended form (1 page, in duplicate); check in the amount of \$250 for the additional claims fee; Petition and Fee for Extension of Time form (1 page, in duplicate); Information Disclosure Statement (2 pages), Transmittal of Information Disclosure Statement Before Mailing Date of Either a Proper Final Action or Notice of Allowance (1 page, in duplicate); Form PTO-1449 (1 sheet); copies of information listed as being enclosed with the Information Disclosure Statement (27 pages); and check in the amount of \$290 (extension fee and Information Disclosure Statement fee) and return postcard are being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on October 4, 2004.

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FSB:djr  
SWA01 P-104  
Enc.

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 Alexandria, VA 22313-1450

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GROUP 800

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.  
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than a Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 36	Minus	** 27	= 9	x \$ 9	\$ -	x \$ 18	\$162
Independent Claims	* 4	Minus	*** 3	= 1	x \$44	\$ -	x \$ 88	\$ 88
First Presentation of Multiple Dependent Claims \$150						\$ -	x \$300	\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ -		\$250

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

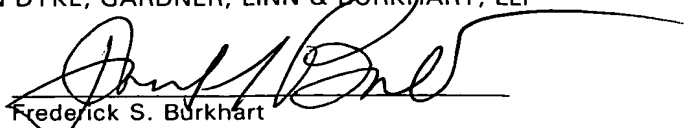
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Small entity status of this application 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
- No additional fee is required.
- ☒ A check in the amount of \$250 is attached.
- ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190. A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Dated: October 4, 2004.

By:

  
 Frederick S. Burkhardt  
 Registration No. 29 288  
 P.O. Box 888695  
 Grand Rapids, Michigan 49588-8695  
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